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ABSTRACT

Based on a study of the component parts of the mental health continuing education system, this publication presents guidelines for the following fiscal functions: determining funding needs, obtaining funds, budgeting funds, expending funds, and cost accounting. In addition to considering these components, the guidelines explore principal issues in the funding of mental health continuing education and point up strategies which may be used in developing financing patterns at national, regional, and state levels. In the first of seven sections, instructional and administrative expenses in continuing education are discussed. Section 2 examines possible sources of funds and funding mechanisms, and section 3 categorizes major budget areas and provides guidelines for the expending of funds. Section 4 reviews the cost accounting of funds according to various criteria. The following section raises issues in funding mental health continuing education. In section 6 major resources required for the provision of mental health services and strategies for expanding the support for mental health continuing education are presented. The final section summarizes the guidelines and includes the task force conclusions and recommendations. (Documents on the following aspects of mental health continuing education are also available: state level programs for preparing and using mental health manpower in state agencies [CE 019 192], sanctioning and credentialing [CE 019 195], and needs, assessment, and evaluation [CE 019 197].) (CSS)

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FINANCING CONTINUING EDUCATION IN MENTAL HEALTH

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CE 019 196

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FOREWORD

In late 1975 the Mental Health Program of the Southern Regional Education Board received a grant (No. 1-T15-MH14098) from the Continuing Education Branch of the National Institute of Mental Health to strengthen continuing education in mental health throughout the 14 states of the SREB region. The Project conducted a survey of continuing education activities then underway in the mental health professional schools, societies and agencies, both state and community, to ascertain the needs and problems which were being encountered. Responses showed that areas of major concern were: needs assessment; evaluation; funding; gaining sanction; credentialing; relations of professional schools, societies and agencies; and continuing education for paraprofessionals and community caregivers.

A major strategy of the project has been to utilize task forces of small groups of knowledgeable persons to explore some of these issues in detail and to prepare guideline publications which might be of use to persons presently responsible for conducting education programs in mental health or for those persons who may be coming into positions where they will be developing such programs.

We are grateful to the members of the task force who helped develop these guidelines on "Financing Continuing Education in Mental Health" and to the National Institute of Mental Health for support of this entire project.

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FINANCING CONTINUING EDUCATION IN MENTAL HEALTH

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INTRODUCTION

Investigations made by the Southern Regional Education Board (SREB) during the past two years have revealed that financing is a major problem in mental health continuing education. Purveyors of continuing education programs in the fields of psychiatry, psychology, social work, and nursing have found that there seems to be an appreciation of and a demand for the updating of knowledge and skills, but seldom is there an accompanying allocation of hard money to support such programs. Planners must often be hucksters to sell their programs. Not only is there a scarcity of hard money funds earmarked for continuing education, there is also a need for more cooperative planning and distribution of the financial resources that do exist.

In a survey of mental health continuing education programs in the South conducted by SREB in 1976, all sectors of the mental health field -- academia, agencies and professional societies reported financing as their number one problem. It was not clear which aspects of financing were especially difficult, although the matter of obtaining funds to support continuing education appeared to be of major concern.

It is sometimes difficult to identify monies which are used for continuing education because they come out of budgets ostensibly for other purposes. This interferes with an accurate assessment of fund allocations, since it cannot be determined what is actually available for continuing education and what is

combined with other resources. While more funds are being earmarked for continuing education, some monies used for this purpose are not identifiable.

In some states a great deal of money is spent on workshops and conferences which fly under the banner of in-service training, and a considerable amount of money is budgeted as travel of persons to attend workshops. The agencies are sometimes willing to spend money for "training" for persons in particular job classifications, but not for "education," claiming that education is the responsibility of the universities.

The low status of continuing education in academia is another drawback to securing stable funding. Directors of continuing education in professional schools report that, in the usual situation, there are few rewards for working in continuing education. Senior faculty are often not interested, and the younger faculty are working to get tenure, to publish and to advance in the hierarchy. Many universities have been only slightly responsive to the need for continuing education for the mental health professions, but this situation is changing as more and more graduate professional schools assign a full-time faculty person to the development of continuing education programs.

Another drawback in securing funds is the inordinate amount of time which must be spent by the continuing education director on seeking monies. Time which might better be spent on program design, instruction and coordination has to be devoted to looking in several directions for support. Often there is a scramble just to maintain existing staff.

Attitudes and practices in the state offices of mental health or mental retardation are extremely varied. A few agencies have a state plan and budget for staff development which includes continuing education. The state mental health plan sometimes sanctions continuing education, but contains few specific objectives or financial support for it. In some states there is no activity unless a request comes from a particular group, such as psychiatric aide supervisors, for training needed to help personnel perform in jobs in which they are already employed.

Planners and advocates of continuing education in mental health need to be aware of the attitudes of administrators, inasmuch as programs must be "sold" before they are funded. It is necessary to show that educational hours taken away from the job are worth the time spent. Those who operate continuing education for mental health workers have to be accountable to the agency or facility for whom they offer a program; this requires evaluation and reporting back on results and relative costs. A continuing education program designed by a university must be sufficiently realistic and specific to service needs so that an agency is willing to pay fees and travel expenses for staff attending.

It is the rule rather than the exception that continuing education must depend on a multiplicity of sources of funding. This may create problems in developing programs, especially when the program must be designed on the basis of what will "sell," rather than on realistic needs. It is possible to tap many different kinds of grant sources, both governmental and private, but these are often time limited and may have to focus on topics which are not

related to the needs of the staff attending the training. However, there are other continuing education programs which, of necessity, depend upon a single source of support. State mental health departments may be prohibited by law from soliciting income from such outside sources as pharmaceutical firms.

While the basic funding sources for mental health continuing education will probably continue to be the agencies whose staffs need increased competence in service delivery or the fees of private practitioners, there have been many examples in recent years of collaboration among universities, agencies and professional societies in the design, funding and sponsorship of continuing education programs for mental health personnel. Continuing education in mental health is a complex business, especially when it encompasses the activity of several sectors of the higher education system (e.g., universities, four-year colleges, community colleges and technical institutes), a wide range of agencies (e.g., public, voluntary, state, local, mental health, alcohol abuse, drug abuse, mental retardation), and a number of professional societies (e.g., psychiatry, psychology, social work, nursing, mental health technology). There are also purely voluntary or proprietary groups which offer continuing education programs in mental health on a fee basis. Basically all of the component parts of the mental health continuing education system have the following common fiscal functions which are addressed in this publication.

Determining need for funds;

Obtaining funds;

Budgeting funds;

Expending funds;

Cost accounting of funds.

The following guidelines consider each of these components, explore the principal issues in the funding of mental health continuing education, and point up strategies which may be used to bring about more stable and satisfactory patterns of financing at the national, regional and state levels.

WHAT IS MONEY NEEDED FOR?

There are a number of different kinds of expenses in continuing education most of which are classified as either instructional expenses or administrative expenses.

INSTRUCTIONAL EXPENSES

These are the expenses which a continuing education program generates in providing specific offerings for learners.

Faculty. The fees for faculty who actually design and conduct the continuing offerings are a major item in the list of instructional expenses. Often faculty persons who have "big names" charge large consultant fees, and must be compensated if their services are desired. At the opposite extreme are people who are really experts, by virtue of their familiarity with the practical problems of practitioners and agencies, and who provide instruction to their own or other agencies on a volunteer basis. Often programs provide some blend of highly paid outside experts and volunteer instructors from their own or nearby organizations.

Travel of Instructors. This item may be required for volunteer instructors as well as for paid faculty.

Instructional Technology. Modern educational technology is expensive and constitutes one of the major expenditure items for continuing education.

Videotape, audiotape, films, slides, etc. are used almost routinely in adult education today, and their preparation or purchase, along with the purchase or rental of equipment, is a considerable item.

Facilities. Provisions of an appropriate facility for conducting programs is another instructional expense. The optimal environment might be a site at a local mental health center, a mental hospital or, alternatively, a continuing education center of a local college or university. Such facilities require money to maintain. Sometimes it is desirable to rent space in a hotel or other commercial setting.

Reference materials. These are books, reprints, journals, and other materials used as library reference readings or instructional materials.

Incidental expenses. These include costs for items such as marking pens, flip charts, masking tape, coffee breaks, folios, and name tags.

ADMINISTRATIVE EXPENSES

These are the expenses which a continuing education program encounters in planning, preparing, evaluating and keeping records for specific offerings and for the overall continuing education program.

Staffing. The largest single administrative expense of a continuing education program is usually the salaries for staff who work in the program (coordinators, secretaries, etc.). The costs of ongoing programs, including needs assessments, continuous planning, developing and conducting series of offerings, evaluation studies, and record-keeping, while also obtaining and maintaining accreditations, are considerable. The matters of planning, publicizing and arranging for a single continuing education offering are simple in comparison.

Travel of staff. This is travel required for assessing needs, planning and arranging of individual continuing education offerings, and for attending individual offerings to help with registration, etc.

Printing and Postage. These are for publicity, surveys, certificates, records, etc.

Equipment. This includes typewriters, billing and posting machines, computers, etc. that may be needed for keeping business and program records.

Rental of Space. An ongoing program requires space which may be contributed by one of the sponsors, but it is likely to be a separate item.

Incidental Expenses. These include such items as accreditation fees, telephone charges, accounting fees, etc.

OTHER EXPENSES

There are other expenses related to continuing education which are usually borne by the individual participants or their agencies. While these are not direct costs of continuing education, they are nevertheless expenses related to continuing education.

Travel and Maintenance for Participants

These are minimal if the program is local to the community in which the participants live and work, but they can be considerable if the sessions require air travel, taxis, hotels, restaurant meals, etc.

Salaries or Income Lost by Attendees

When the sessions are of short duration, these expenses are likely to be minor; but for extended programs, the agency must find someone to cover the staff person's duties, and private practitioners often find that their incomes are reduced while office expenses continue.

Agencies also pay the registration fees for their staffs to attend continuing education workshops and programs sponsored by private organizations, professional societies or universities. Occasionally a mental health agency employs a private firm to provide continuing education for its staff, in which case, contract fees must be provided for these services. In rare cases, agencies pay membership fees to professional organizations which sponsor continuing education as part of their membership services and at least part of these membership fees can be considered to be continuing education expenses to the agency.

All in all, continuing education is a rather expensive proposition. Since the ultimate payer is the mental health agency or the private practitioner, there is considerable interest in insuring that continuing education programs maintain high quality and are cost effective in relation to the expenses they generate.

WHERE DOES MONEY COME FROM?

There are many possible sources of funds and funding mechanisms for the support of continuing education programs, ranging from regularly appropriated public monies to individual fees from the persons who participate in the program offerings. However, some of these mechanisms and sources appear to be more appropriate for certain organizations and circumstances.

BASIC CONTINUING EDUCATION PROGRAM SUPPORT

As the need for continuing education of mental health professionals and paraprofessionals has become increasingly evident, the various component organizations in the mental health manpower system have begun to give organizational recognition to this need by establishing ongoing divisions or offices or committees of continuing education. However, there may or may not be financial commitments to support the ongoing work of these divisions or committees. Thus a univeristy often establishes a division of continuing education but then requires it to find its own funding through the fees of participants who attend its offerings, thus forcing it to compete with proprietary groups which provide more glamorous settings and more alluring topics for their offerings. The professional associations, likewise, often expect their continuing education committees to operate on the basis of voluntary contributions of time and travel of their members. The mental health agencies have probably done the best job of providing basic support from agency funds for staff development activities which include continuing education along with in-service training.

It seems most appropriate that the organizations which sponsor continuing education programs provide funding from their regular operating funds to support the basic operations of the continuing education program. This would include funding for the staff and resources to plan, arrange, publicize, evaluate, and keep records of the continuing education credits of participants. This funding would come from: a) state appropriations, endowments or whatever are the sources of funds for higher education; b) membership dues which provide the funding for professional societies; and c) appropriations, contracts or client fees which are the regular source of funds for operating agencies.

This stable funding will provide a base for the operation of the organization's continuing education program. With this kind of base, program support staff is in a strong position to obtain other funding from grants, contracts, or participants' fees to provide the instructional costs for specific offerings.

FUNDING FOR SPECIFIC CONTINUING EDUCATION OFFERINGS

There are several funding mechanisms which are appropriate for specific continuing education offerings. Among them are:

Grants

Project grants are a major source of funds for continuing education activities in mental health. Both government and foundation grants are usually directed toward serving some specific social problem or area of service practice. This sometimes limits the scope of a project, and such grants are always time limited; in addition, they often require matching funds or in-kind contributions from the sponsoring organization. The chief advantage of this support is that it permits expansion into programming areas which might not otherwise be possible.

Grants may be obtained from federal agencies, such as the National Institute of Mental Health (NIMH) or from national or local foundations, or occasionally local businesses will support selected continuing education programs. Such grants usually require preparing a grant application that spells out the details of issues which are to be addressed, participants to be served, the budget, and budget justification. Because these grants are almost always for very specific purposes and for limited periods of time, they are seldom appropriate for ongoing support of the organization's overall continuing education program. However, they may be very useful for initial start-up costs.

Contracts

Contracts may sometimes be negotiated with state, local, or even federal agencies to support the instructional costs of specific continuing education programs of interest to the agencies. Such contracts are also limited in time and subject matter. They provide a useful way of expanding and extending the continuing education offerings of the organization, but usually they cannot be used for basic program support. Contracts generally require the performance of specific services in a way determined by the funding agency or organiation.

Contracts not directly awarded for continuing education can sometimes be legitimately used for this purpose. Thus, funds marked for "Consultation" or "Action Research" can sometimes be used to enhance capabilities of staff through continuing education offerings, augmenting the funding of continuing education.

In instances where fees must be charged individual participants, attendance will be limited to those who can pay either from their own or their agency's funds. So far most of the highly visible continuing educaion has been for professionals where the high fee is practical. This often eliminates the low salaried workers who seldom get to attend useful workshops and conferences because money is not provided. Special attention needs to be given to financing continuing education for this group.

Dues

Another source of funds for continuing education comes through dues to professional associations. Some professional societies have increased their dues in an amount to cover both the basic support of their continuing education program and the instructional costs for individual offerings. This technique of raising the dues helps spread costs to all of the members and provides stable funding. There may be limitations if professional individuals eventually have to make choices about which organizations they will support, and which they must drop altogether becuase of overall costs.

Private Sources

Pharmaceutical houses, book publishers and other private sources may provide support for continuing education. These funds are often oriented to the companies' commercial motivations to sell their products, but the firms usually ask no more than an acknowledgement of the support on the program announcement. Continuing education planners may wish to assure that this is the full extent of the obligation to the firm.

Regular University Appropriations and Endowments

Universities and colleges rely to a large extent in all of their programming on state appropriations or the endowment funds of the institution. It is difficult to convince administrators, deans and department heads to use these funds to support new programs such as continuing education. Increasingly, however, universities are applying these regular university funds to the support of continuing education as well as regular professional education. At first this support is provided for the support of the basic continuing education program, but later it may be offered for individual workshops and other continuing education offerings.

TRADE OFFS

In attempting to meet needs, agencies, institutions and associations can work trade off arrangements which are mutually beneficial. One agency might provide space and administrative costs, while another provides instruction. A program might be arranged by one agency and repeated for another in exchange for other services. The scarcity of resources makes it expedient for such initiatives to be employed in order to stretch resources as far as possible. The frequently under-used facilities of community colleges can often provide space, equipment, and instruction which would otherwise require separate funding.

One authority* classified nine sources of funding upon which continuing education may draw, with one or more being primary sources and other supplementary or secondary. These are:

*Lauffer, Armand, The Practice of Continuing Education in the Human Services. McGraw-Hill, 1977, p. 110.

General fund allocations from the institution or agency;

Project grants;

Contracts for service;

Fees paid by individuals for courses, workshops or correspondence courses;

Sales, copyrights and royalties;

Gifts;

Investments;

Reserve funds;

In-kind services or contributions.

One possible source of funding for continuing education in mental health agencies is client or patient fees. This is becoming increasingly controversial, as the basic costs of clinical services have become so expensive, and many third-party payers are refusing to allow the costs of education of staff to be included in the fees charged to patients.

BUDGETING AND EXPENDING FUNDS

BUDGETING FUNDS

Often there has been little formal budgeting of the funds for continuing education programs. A formal budget is usually a necessary part of a grant application, but otherwise it is likely to be overlooked. This failure to prepare formal budgets with narrative budget justifications may be one of the reasons why it is often difficult to obtain ongoing support for continuing education programs. Top level administrators are often unaware of the scope of activities and it is all too easy for them to assume that the only significant expenditures are instructional costs which can easily be covered by fees.

There are several ways to display a budget (e.g., lump sum, by program activities, by line items). However, the technique that is most likely to be understood and accepted by business administrators is the line item budget with an accompanying narrative explaining the program implications for the line items.

Among the major categories in such a budget are:

Salaries and fringe benefits
This item will include full-time and part-time professional and secretarial or technical staff.

Consultants and instructors
This will include fees and any travel and maintenance costs.

Travel for staff
This includes travel involved in planning continuing education programs and conducting them, and any travel to professional meetings.

Equipment
This includes office furniture and furnishings, audiovisual equipment, etc. which may be rented or purchased.

Supplies and postage
This includes stationery, duplicating supplies, costs of mailing announcements, registrations, certificates, etc.

Printing costs
These are costs for printing announcements, certificates, etc.

Telephone
Both local and long distance.

Rental of space
This may be for office space or for rental of hotel meeting rooms or space in continuing education centers for individual offerings.

Administrative costs or overhead
This is an item that includes a number of costs of doing business -- such things as personnel administration, check writing and accounting, receptionist and switchboard services, messenger services, janitorial and security services, and general administration. This is generally shown as a percentage of either the total direct costs or of wages and salaries. In the case of federal grants there are specific rules for calculating these expenses. The business officer or treasurer of the organization can often help to identify this figure.

Record keeping
With the increased interest in Continuing Education Units (CEU) and other forms of credentialing, a system of record keeping must be maintained, and this represents another specific budget item.

Trainee costs
This will include fees and sometimes travel and maintenance for the trainees, if these expenses are to be paid by the program for which the budget is prepared.

Miscellaneous
This may include purchase of reference materials (books and journals), accreditation fees, cost of alterations or renovations, and items not included elsewhere.

Many of these items will need further documentaiton so that the funding organization will understand how the figures were derived. For example, the fringe benefits item should show what benefits are included, such as retirement benefits, health insurance, etc., as well as the total percentage of total salaries and the total figure. For part-time employees there should be explanation of what number of hours or percentage of time is calculated and on what base rate.

The accompanying program narrative will then describe the specific activities that will be carried out by the program which will require the expenditure already identified in the budget. Among the points which should be included in the program narrative are:

Activities to assess needs
This will include any site visits, mail or telephone surveys, etc., that may be planned.

Program planning activities
This includes planning committee meetings, telephone conferences, etc.

Program promotion activities
This includes making meeting arrangements, preparing and mailing announcements, obtaining or preparing teaching materials, pre-registrations, collecting fees, etc.

Instructional activities
These are the specific educational or curriculum activities at the time the workshops or training sessions are underway.

Evaluating continuing education offerings
This includes follow-up surveys, site visits to participants or supervisors, etc. to evaluate program offerings.

Record keeping and awarding certificates
This includes maintaining a file of participants of all offerings, noting the dates, subjects and hours of credit (Continuing Education Units or Category I Continuing Medical

Education hours for the Physician Recognition Award), and preparing and mailing certificates showing this information to the individual participants.

General program development
This includes such activities as preparing the overall continuing education for accreditation by whatever is the appropriate accrediting body; strengthening relationships with all parts of the mental health manpower system (e.g., mental health agencies, higher education, licensure boards, professional societies); overall evaluation and research of continuing education techniques and arrangements.

The best rule of thumb to apply to budgeting for a grant or contract is to justify expected expenses in a budget which follows closely the guidelines of the grantor or contractor. Each organization's own guidelines should be followed. The budget narrative need not be lengthy, but it should be graphic, comprehensive and specific as possible in order to provide complete justification for the budget items required by the funder.

EXPENDING FUNDS

The chief principle in the expending of funds is that they should be utilized and recorded according to the orginal budget items. If it should be necessary to overspend in any budget item, this should be known ahead of time and arrangements made either for transfer of unspent monies from other budget categories or for requesting additional funds. In the case of grants, contracts and many direct appropriations, it will be necessary to have written permission from fiscal amdinistrators to make such shifts.

At the same time, it is important to keep records (accounts) of all expenditures noting the date, the item, to whom it was paid, the check number, and anything unusual about it. Grants, contracts and line appropriations

often have conditions or limits of various kinds (e.g., per diem limits on maintenance expenses, requirements to fly tourist class, or to have the original airline receipt for documentation if required for audit). Any time anything exceptional has happened, it should be documented. Efforts should be made to avoid comingling expenditures of continuing education program funds with personal or other organizational program funds.

At the end of each budget period a fiscal report of expenditures should be prepared and submitted to the fiscal agent of the funding source (grantor, contractor, etc.). Unspent monies should be identified and either rebudgeted for future continuing education activities or returned. There is no point in spending all of the funds on needless supplies or items. In virtually all situations the grantor or contractor will appreciate frugality and extend the project period and activities if the need for further continuing education activities is documented.

ACCOUNTABILITY

COST OF ACCOUNTING OF FUNDS

Cost accounting of funds is the process of allocating the program expenditures according to various criteria. The criteria may be any that appear to be useful in evaluating the program activities and planning for future activities.

Some common cost categories for continuing education are:

Costs per offering;

Costs per continuing education hour;

Costs per participant;

Costs per employee (for agencies).

Costs may also be analyzed for separate items, such as instructional record-keeping or promotional costs.

Costs may then be compared:

Between similar programs or continuing education offerings;

Between a program's past costs and present costs;

Between different kinds of programs and continuing education offerings. (Some will be found to be vastly more effective than others.)

Such comparisons provide an information base for modifying or terminating programs, seeking additional funds, reporting to funding bodies, etc.

This kind of analysis and reporting is the final step in financial accountability.

Obviously, continuing education offerings that serve a larger number of participants will show a lower cost per participant. This does not speak to the issue of quality, but it is an incentive to increase the enrollments in offerings, or to cut expenses if it is clear that attendance will be small. Often attendance can be increased by offering the program to persons from several professions or from several different agencies.

ISSUES IN FUNDING MENTAL HEALTH CONTINUING EDUCATION

A major question in the funding of mental health continuing education is how to secure the understanding and commitment of leadership in the mental health agencies, the universities, and the professional associations. There must be a willingness to press for funds which are directed specifically for continuing education. Practitioners in mental health must keep up and improve their skills, and they cannot do this without continuing education programs which are based on careful planning and basic financial support.

While there is a great need for stable funding, there is also need for better coordination in deploying the system's existing resources. There is sometimes a problem of duplication. For example, in one known instance, three divisions of a single state department contracted with a university for mental health continuing education programs to be taught by the same individuals at the same time. Coordinating committees of leaders from the various sectors can be established to assure maximum use of talent and to arrange for exchanges which benefit as many persons as possible. Joint planning on the part of universities, mental health agencies and professional societies can go a long way toward reducing costs. Each can be a resource for the others so that programs can be enriched by joint participation. Some states have undertaken an inventory of continuing education programs and resources to make more effective utilization of what is available and to avoid duplication.

Because there is such a variety of mechanisms for funding mental health continuing education, it might be acceptable to start a program with someone in a part-time assignment based on "soft" funding. Financial support for new programs is often precarious, and even when there is "hard" money, it tends to be one of the first items cut from a budget. There is a need for defining the roles and functions of continuing education so that programs have value and status comparable to the long-established functions of agencies, universities and professional societies. The role of director of continuing education should be filled by a well-qualified person who can document the need and usefulness of providing continuing education to all levels of workers in addition to highly paid professionals. Programs function more effectively when they have direction from a leader whose responsibilities are exclusively in continuing education, rather than from persons who have continuing education as one of several responsibilities.

One of the problems in funding mental health continuing education is the shortage of academicians who have experience in planning, instructing and evaluating continuing education. Some relief from this situation could be found through the use of co-instructors from agencies. Programs jointly taught by university faculty and agency personnel might come closer to meeting needs, and also would divide the expenses.

Another broad issue that relates to funding is the need to assure that continuing education is included in the state mental health plan and to insure input to the plans of local health systems agencies. Otherwise there will be provision for basic professional education programs, but not for continuing

education. There are also a number of policy issues regarding the financing of continuing education which must be considered by individual programs. Following are examples of specific policies which arise in individual programs:

> What should be the policies regarding released time and pay back requirements?
>
> When should the trainee share or pay the cost of his continuing education?
>
> When should third-party payers bear the cost?
>
> If continuing education is mandated, who bears the cost?
>
> How do state mental health authorities assess the relevance and value of continuing education when they provide support?
>
> How can the effects on continuing education of national health insurance related to payment of client fees be anticipated?
>
> How do local and state programs meet the issue of "territoriality" of the professions and the reluctance to share?
>
> How can practitioners acquire and maintain knowledge of available funds for continuing education?

Those who are developing and operating mental health continuing education programs need to be aware of such problems and issues, to determine which apply in their individual situations, and to work toward solutions which produce better qualified personnel and better service.

STRATEGIES FOR EXPANDING SUPPORT

In order to examine strategies for expanding support for mental health continuing education, it is well to analyze the major categories of "resources" required for the provision of mental health services. These resources are from:

> Mandates. This term denotes the body of public laws and regulations, at state and federal levels, which govern the establishment and the operation of publicly owned/administered or publicly financed mental health services. These laws are supplemented by the traditional professional interpretations and guidelines for the provision of health and medical care and social services. Mandates may be determined in the voluntary or the proprietary sector by the charter of the organization which sponsors the services. These charters are developed under the guidelines of established public policy and law as well as eleemosynary tradition. Licensing laws and regulations for professional practice form part of mandates.
>
> Money. Money is utilized to purchase or rent facilities (i.e. physical space), hire personnel, and purchase supplies and contractual services.
>
> Manpower. This resource includes all of the types of personnel utilized in the delivery of mental health services including the four core professions of clinical psychology, medicine/psychiatry, nursing and social work; auxiliary disciplines, such as rehabilitation, occupational/recreational therapy, other special types of therapists and paraprofessional categories; and the large number of semi-skilled and unskilled persons who work in mental health services.

Technology. This refers to the body of knowledge and skills which can be applied to the remediation and reduction of mental disorders among the population. This includes knowledge regarding prevention, case finding, diagnosis, and treatment and also the organization, planning, management and evaluation of services delivery systems.

With changing mandates, limited money, the labor-intensive nature of mental health care, and rapidly increasing technology, more intensive and extensive efforts to maximize resource utilization should occur. A major strategy for increasing the effectiveness of the resources is to further develop manpower and refine its utilization of existing technology. Continuing education is a basic tool by which this goal may be achieved. In order to achieve this goal two steps will be necessary:

Establishment and fixing of responsibility for planning of continuing education programs as a part of manpower development and utilization;

Monetary resources devoted specifically to this purpose, either through acquisition of new funds or transfer of existing funds.

These are long-range goals and should be kept in mind, but there are other more immediate strategies which are needed "to keep the ship afloat" while working toward these ultimate objectives.

While it is highly desirable that public support be obtained and that stable funding for mental health continuing education be established, it is unrealistic to think that this will happen overnight. Working together and combining resources are the keys to getting the most mileage from what is now available, as well as to promoting stronger support for continuing education

in the future. This will include such strategies as conducting continuing education programs for persons from several professions and agencies at the same time (e.g. on topics such as "Family Therapy," "Program Evaluation," "Case Management," "Supervision"), using the instructional resources from several agencies, professional schools and professions, and combining evaluation strategies of all parties.

In addition to the need for all mental health continuing educators to work together in planning, conducting and evaluating their resources, all mental health components need to look toward funding sources which may now be unfamiliar to them. Some possible sources of funding are:

Foundations

Directors of training or continuing education could make better use of foundations than has been the case up to now. Any library has reference material on foundations, many of which are now turning from giving money to basic education and medical research to a new interest in human services. Most foundations issue annual reports which give clues as to what they will fund. There is a comprehensive index in New York City, known as the Foundation Grants Index Center, 888 Seventh Ave., New York, 19919, which is available to anyone interested in applying to foundations for support.

Federal Grants and Contracts

In securing federal funds both grants and contracts can be utilized. The Federal Register contains advance information about all federal grants and is available at most libraries. The Commerce Business Daily located in Chicago

is a source for information about contracts. Morris Associates is now publishing a bulletin which summarizes mental health related offerings listed in the Commerce Business Daily.

Numerous federal education programs have a mental health component. One official of the U.S. Office of Education has said there is a "dim line between adult education and community service," so that mental health continuing educators should explore what is available now and in the future from this source.

A current example of education funds which could be utilized in continuing education comes under Public Law 94-142 of 1975, the Education of the Handicapped Act. This includes services to emotionally disturbed and mentally retarded children who now must be served and educated in public schools. Much continuing education will be needed by teachers and mental health personnel to equip them to carry out their role in this new national venture, and mental health and mental retardation fields should be alert to the possibilities of funding through this medium.

In surveying the Southern states regarding their needs and resources in mental health continuing education, it has been found that Title XX (Social Services) funds are being used extensively. In those instances in which these funds have not been utilized, it is usually because mental health interests have failed to assure that the state plan for Title XX allows for mental health services.

The U.S. Congress has recognized the need for continuing education in all fields and the federal government's responsibility to assist with funding

continuing education. The Higher Education Act of 1976 requires the federal government to monitor and assess existing adult education programs, to study and evaluate existing and proposed "life-long learning" or continuing education programs. This Act further authorizes $20 million for each of three years for continuing education demonstration programs. The U.S. Office of Education emphasizes that these funds do not have to go to education but are available to other systems, such as mental health or welfare, and they may also go directly to a state agency, such as a mental health department.

This legislation is a portent of the future and an indicator of what can be expected in the field of federal funding for education. The need for continuing education in human services and the need for funding for it has been recognized in high level circles. Mental health planners and trainers can now investigate these new and unusual sources of financing.

There are strategies for securing grant support, and there is an art in the technique of writing grants or contracts which is becoming increasingly necessary for survival. Each person's style and approach is different, but there are some principles which have been proven to be helpful and which come to be expected by funding sources. Some of these are as follows:

<u>There must be a valid demonstration of need</u>. It is not adequate to say "We need more professionals." Rather, gaps in service delivery should be specifically identified. For example, it can be shown that workers don't know how to involve the community, or that the professionals do not know how to work with families. <u>The conceptual framework</u> within which a program operates should be described. This might well be connected with the validation of need.

Application should be clear. Ostentatious language, jargon and obscure phrasing usually are not well received. If the mental health grant applicant for a continuing education program does not have anyone with writing expertise, it should seek the services of someone with the writing ability to make talents and ideas clear.

Brevity is appreciated by foundations and other grantors. Redundancy and repetition should be avoided. Some grants require considerable demographic information and specific evidence of need. In such cases, a brief abstract can be a real asset.

It is important to address the special interests of the funder. For example, one grantor devoted exclusively to mental health has a policy that funds be widely distributed geographically. This policy might be emphasized by an applicant from a part of the country where the particular foundation had not previously placed projects.

Objectives should be specific, precise and measureable, and clearly stated.

The target population should be spelled out. It is important to show who will benefit and what categories of personnel have been chosen and why.

The evaluation component and method should be carefully described. In some instances elaborate research designs may be used and, if so, expert consultation will be necessary. In other instances, where a program is not so elaborate, simple reporting and accounting procedures will serve, but what is to be done should be specified in advance.

Concrete details of the implementation of a plan, methodology, and scope of programs are a necessary part of any request for funds. Specifics of method, time schedules and persons to be involved should all be given in reasonable detail.

Some mental health programs have demonstrated imagination and creativity in securing funding and have tapped a variety of sources. Among these are:

LEAA - Law Enforcement Assistance Administration
LEPA - Law Enforcement Protection Agency
314d - Partnership for Health
Title XX (Social Services) of the Social Security Act
National Institute on Alcohol Abuse and Alcoholism
National Institute on Drug Abuse
N.I.M.H. Staff College
Higher Education Act of 1965, Title I
Life-long Learning Act
Regional Offices of N.I.M.H.
Local agencies, clubs, philanthropic societies and individual givers
Professional societies
Departments of Continuing Education of Professional Schools
State Mental Health/Mental Retardation Departments
Mental Health Associations
State Departments of Education
U.S. Office of Education

There are other public and private sources which could be explored as the necessity for continuing education of all mental health professionals, para-professionals and community caregivers becomes more apparent and in greater demand.

Since mental health continuing education is frequently funded through multiple sources, there should be an initiative to develop a network of continuing education sponsors for sharing of funding sources as well as for

sharing of planning, instruction and evaluation. An inventory of possible resources which is kept up-to-date would be of value to all sponsors seeking funds or planning programs. Such a network of continuing education programs might be part of a state manpower development effort. There might also be networks for such sharing across several states of the region. The Southern Coalition of Continuing Education in Mental Health is one example of such a network.

SUMMARY

Financing is regarded as a major problem in mounting mental health continuing education programs. The low status of this relatively new component of the mental health manpower system has interfered with the quality of the product in many cases. However, the current scene is one in which there is a growing interest in mental health continuing education as a way of improving the effectiveness of mental health manpower in the delivery of service. Resourcefulness has been exercised by some continuing education programs in agencies and institutions in securing financial support, and there is a future for funding mental health continuing education if those involved employ strategies to relieve the problem of unstable financing and make more efficient use of existing continuing education funds.

Some of these strategies are:

- Pooling of resources between professions, agencies and universities;
- Looking to federal funds outside of mental health;
- Improving techniques of applying for grants;
- Developing more adequate and convincing demonstration of needs and results;
- Evaluating programs to show effectiveness of continuing education in improving services;
- Paying close attention to costs and providing cost accounting to funding groups;

- Organizing more jointly funded and administered programs;
- Educating the public and mental health leaders to the needs and results to be obtained from continuing education.

Among the 14 states of the Southern Regional Education Board there have been some imaginative and original programs for collaboration in mental health continuing education. The Alabama Department of Mental Health, the University of Alabama School of Social Work and the Council for Social Work Education combined funding resources to train mental health center directors in management. This program has now been absorbed on a permanent basis by the Department of Mental Health and the University.

The Virginia Deparmtent of Mental Health has a collaborative agreement with Virginia Commonwealth University to jointly fund an ongoing mental health continuing education program in the Richmond area. In Arkansas plans are in progress to bring together several human service agencies and training institutions on a regional basis to jointly seek funds for continuing education in supervision and administration.

Mental health professionals in other states are taking steps to collaborate in securing funds for implementation or expansion of continuing education programs. Because of the necessity of pooling resources, an independent coalition or network of persons from the various professions, universities and mental health agencies could be effective in promoting mental health continuing education and developing methods utilizing resources.

The task force studying the matter of financing mental health continuing education conducted an informal survey of the 14 SREB states to determine

what their specific problems in funding were; what sources of funding were being used; what the levels of administrative support were; and what plans were in process for funding of future programs. As a result of responses to this inquiry and an analysis of the present situation, the task force concluded and made recommendations as follows:

CONCLUSIONS OF TASK FORCE

Continuing education for mental health/human services, like the mental health services system(s), is pluralistic in types of offerings, target populations, sponsorship, and methods of funding sources.

At the present time there seems to be little planning and less implementation toward the presentation of comprehensive continuing education programs for all mental health services staff members. It tends to be primarily directed to professionals at present.

Continuing education is a low priority item in resource allocation at the national and state levels of government and in university resource allocation, less so in public universities than in the private universities.

"Territioriality" remains a problem in the planning and offering of continuing education programs, particularly at the professional level. Many such programs are sponsored by a professional organization or by an academic department oriented to a single professional group, and non-members of such a group are ineligible or discouraged from participating.

There is a widespread lack of awareness of possible funding, even of the present meager resources for continuing education.

There is unsuccessful coordination and cooperation between mental health/health services systems, educational institutions and funding sources in regard to needs assessment, fund allocation, and utilization and evaluation of continuing education programs.

RECOMMENDATIONS OF TASK FORCE

Continuing education needs greater recognition as an integral part of manpower development in the provision of mental health/human services.

Continuing education should receive increased priority for funding, either through acquisition of new funds or transfer of existing funds.

It is necessary to establish continuing education for all levels of personnel in mental health services, and to fix the responsibility organizationally for the development of comprehensive continuing education programs for all mental health service workers.

Linkages to provide communication, cooperation and collaboration between educational institutions, professional societies and mental health must be established. The purpose of this would be to facilitate continuing education planning, programming and the sharing and development of resources for continuing education.

Until continuing education is more widely established and accepted, it will be necessary to depend on small numbers of candidates to attend continuing education programs. They should be carefully selected for their ability to pass on their learning to their colleagues, thus assuring greater benefit and impact of participation. This ripple effect will require time, both on the part of continuing education attendees as well as their colleagues, but such time should be planned as part of an agency program. In this sense all continuing education participants, in whatever type of occupation, will be functioning as consultant/teachers in their professional work with their colleagues.

Future mental health continuing education efforts should include attention to such developmental issues as: how to budget funds; how to secure funds; how to combine funds; and how to collaborate in more mutually beneficial planning and programming to share costs and contributions.

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